

**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD  
LICENSED MENTAL HEALTH COUNSELOR (LMHC)  
BY RECIPROCITY  
INFORMATION AND INSTRUCTIONS**

*Before completing and submitting your application to our office, please read all materials and information included.*

**DOWNLOAD THE FOLLOWING DOCUMENTS AND INFORMATION:**

Applicants must download the following documents from the Board's Website at: [www.pla.in.gov](http://www.pla.in.gov):

1. Application for Licensure as a Mental Health Counselor
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Verification of Licensure
5. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

**IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE**

Indiana Professional Licensing Agency  
402 West Washington Street, Room 072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX # (317) 233-4236  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

**RECIPROCITY LICENSURE REQUIEMENTS**

Applicants who are applying for licensure as a mental health counselor based upon Indiana Code 25-23.6-8.5-9.5, must meet the following requirements:

- (1) Has a valid license or certificate to practice as a mental health counselor from another state or jurisdiction.
- (2) Has passed an examination substantially equivalent to the level for which licensure is being requested. The Board requires you take and pass the National Board for Certified Counselors (NBCC) National Clinical Mental Health Counselor Examination (NCMHCE).
- (3) Does not have a pending disciplinary proceeding in another state.
- (4) Pays a fee of \$50.00.

**CRIMINAL BACKGROUND CHECK REQUIRED**

An individual applying for a mental health counselor license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check. <http://www.in.gov/pla/3241.htm>.

**Criminal background checks must be obtained after you apply for your mental health counselor license with the Board and prior to the issuance of a license.**

### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and Ind. Code 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

### **EXAMINATION SCORE REPORTS AND VERIFICATION OF STATE LICENSURE MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Board will not be able to accept any examination score reports or verification of state licensure directly from the applicant. All examination scores and verification of state licensure must be sent directly from those entities.

### **EXAMINATION REQUIREMENT**

The Board has adopted the National Board for Certified Counselors (NBCC) National Clinical Mental Health Counselor Examination (NCMHCE) to obtain a mental health counselor license by reciprocity.

**PLEASE NOTE:** If you did not take an examination to receive licensure/certification at the same level or higher level, you will be required to apply for licensure based upon the examination and meet the requirements by examination.

### **ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

### **ISSUANCE OF LICENSE**

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-23.6-4.5-3(a) requires that an individual who is licensed as a mental health counselor shall:

- (1) Display the license or a clear copy of the license at each location where the mental health counselor regularly practices; and
- (2) Includes the words "licensed mental health counselor" or the letters "LMHC" on all promotional materials, including business cards, brochures, stationary, advertisements, and signs that name the individual.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at [www.in.gov/pla/license.htm](http://www.in.gov/pla/license.htm).

## **LICENSE EXPIRATION AND CONTINUING EDUCATION**

All licenses expire April 1<sup>st</sup> of even numbered years.

Mental health counselors licensed in the State of Indiana are required to obtain at least forty (40) hours of continuing education, with at least twenty (20) hours of Category I Continuing Education to include two (2) hours of Category I Ethics Continuing Education, in order to renew their license. A mental health counselor who has been licensed less than twenty-four (24) months will need 20 hours of continuing education with one (1) hour of Category I Ethics continuing education to renew their license. A mental health counselor who has been licensed less than twelve (12) months is not required to obtain continuing education in order to renew their license.

Detailed information regarding the continuing education requirement is available at the Board's website at [www.pla.IN.gov](http://www.pla.IN.gov) or you may contact our office by calling (317) 234-2054 or by email at [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov).

**LICENSED MENTAL HEALTH COUNSELOR  
APPLICATION FOR LICENSURE BY EXAMINATION  
INSTRUCTIONS**

**All applicants must submit an application and supporting documentation to:**

Indiana Professional Licensing Agency  
Attn: Behavioral Health and Human Services Licensing Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**COMPLETION OF APPLICATION**

Complete pages 1-3 of the Application for Licensure as a Mental Health Counselor (LMHC).

**ADDITIONAL APPLICATION FORM**

In order to process your application efficiently, please print and complete the form located on page 7 of the instructions to send with your application by reciprocity.

**AFFIDAVIT**

If you answer “yes” to any of the seven (7) questions on the application, you must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If you have been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a mental health counselor license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board’s website at <http://www.in.gov/pla/3241.htm>.

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

### **FEE INFORMATION**

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

### **PHOTOGRAPH**

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **VERIFICATION OF EXAMINATION**

Applicants must contact the National Board for Certified Counselors (NBCC) National Clinical Mental Health Counselor Examination (NCMHCE) and request that an official score report be sent to the Indiana Professional Licensing Agency.

NBCC Assessment Department  
3 Terrace Way; Suite D  
Greensboro, NC 27403  
(336) 547-0607  
[www.nbcc.org](http://www.nbcc.org)

### **VERIFICATION OF LICENSURE**

Applicants must provide a Verification of State Licensure/Certification form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification. You do not need to complete this form if you only hold licensure or certification in the State of Indiana.

### **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD  
LICENSED MENTAL HEALTH COUNSELOR (LMHC)  
BY RECIPROCITY  
APPLICATION CHECKLIST**

**If you are applying for licensure as a mental health counselor (LMHC) by reciprocity, you must complete and submit the following forms.**

- \_\_\_\_\_ Completed application forms (Pages 1-3)
- \_\_\_\_\_ Additional Information Form (Page 7 of instructions)
- \_\_\_\_\_ One (1) passport quality photograph
- \_\_\_\_\_ \$50 Application/Issuance Fee
- \_\_\_\_\_ Notarized affidavit explaining any “yes” answer on the application
- \_\_\_\_\_ Criminal History Background Check
- \_\_\_\_\_ Official Score Report from the National Board for Certified Counselors (NBCC)
- \_\_\_\_\_ State License Verification(s)
- \_\_\_\_\_ Name Change Documentation (If applicable)

**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD  
LICENSED MENTAL HEALTH COUNSELOR (LMHC)  
BY RECIPROCITY**

**Please print and complete this form to include with your application.**

**NAME:** \_\_\_\_\_

<b>APPLYING FOR LICENSURE BY RECIPROCITY AS:</b>	
	<b>Licensed Mental Health Counselor</b>

<b>PLEASE LIST THE STATE(S) YOU ARE CURRENTLY LICENSED AND DO NOT HAVE A PENDING DISCIPLINARY PROCEEDING:</b>	

<b>I HAVE TAKEN AND PASSED THE FOLLOWING EXAMINATION:</b>	
	<b>National Board for Certified Counselors (NBCC) National Clinical Mental Health Counselor Examination (NCMHCE)</b>

**Thank you for completing this form and returning it with your application.**